# APPLICATION FOR RENEWAL OF A PROVISIONAL CAREER AND TECHNICAL EDUCATION CERTIFICATE

A certificate may be renewed within six months of its expiration date.

#### ARIZONA DEPARTMENT OF EDUCATION-CERTIFICATION UNIT

Phoenix Office: P.O. Box 6490, Phoenix, AZ 85005-6490 Telephone: (602) 542-4367 Flagstaff Office: 2384 N. Steves Blvd., Box-C, Flagstaff, AZ 86004 Telephone: (928) 679-8117 Tucson Office: 400 W. Congress St., #118, Tucson, AZ 85701 Telephone: (520) 628-6326

A PROVISIONAL CAREER AND TECHNICAL EDUCATION CERTIFICATE SHALL BE RENEWED ONCE FOR TWO YEARS UPON PASSING SCORE ON THE SECONDARY PROFESSIONAL KNOWLEDGE ASSESSMENT AND COMPLETION OF 9 SEMESTER HOURS OF COURSES REQUIRED FOR THE STANDARD CAREER AND TECHNICAL EDUCATION CERTIFICATE IN THE SAME CAREER AND TECHNICAL EDUCATION AREA. COURSES SHOULD BE COMPLETED SINCE THE MOST RECENT ISSUANCE OF THE PROVISIONAL CERTIFICATE.

### **GENERAL INSTRUCTIONS AND INFORMATION:** Please submit the following:

- A. A valid Arizona Fingerprint Clearance Card (plastic) issued by the Arizona Department of Public Safety at (602) 223-2279.
- B. Complete this application and submit \$50 per Provisional Career and Technical Education Certificate, payable by money order, cashiers check or personal check **ONLY** to the Arizona Department of Education (**ADE**). **Fees are** <u>not </u>**refundable. Cash will not be accepted.**
- C. An official transcript(s) of academic coursework completed from an accredited institution, photocopies will not be accepted.
- D. A passing score on the Secondary Professional Knowledge portion of the Arizona Educator Proficiency Assessment.

Social Security Number:					
Full Legal Name:	Last	First	Middle		
Mailing Address:			Midule		
_	Street Number or P.O. Bo	ox City	State	Zip	
Telephone: ()		ail Address:			
(Home	)	(Home)			
Ethnicity:Asian or Pacific Islander White (Not-Hispanic)		Black or African-American (Not-Hispanic)Hispanic or Latino American Indian or Alaskan Native Other			
	1 /	er and Ethnicity are requested for fede	<del></del>		
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	visional:				

\*Pursuant to A.R.S. 15-534.03, each educator must notify the Department of Education of any change of address within thirty days. Change of Address forms are available on our website.

ALL DOCUMENTATION, INCLUDING TRANSCRIPTS, BECOMES THE PROPERTY OF THE ARIZONA DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED. REQUIREMENTS MAY BE SUBJECT TO CHANGE AND ARE FULLY REFERENCED IN THE ARIZONA REVISED STATUTES AND ADMINISTRATIVE CODE.

## CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

Applicant's Signature

#### ATTN: If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application. Have you ever had any professional certificate or license, revoked or suspended?......YES\_\_\_NO\_\_\_ 1. 2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license?...YES NO 3. Have you ever been arrested for any offense for which you were fingerprinted?......YES NO HAVE YOU EVER BEEN ARRESTED FOR ANY OF THE FOLLOWING OFFENSES IN THIS STATE OR SIMILAR OFFENSES IN ANOTHER JURISDICTION? YES\_\_\_NO\_\_\_ a Second-degree murder k Taking a child for the r Any offense causing you to **b** Aggravated assault resulting purpose of prostitution as register as a sex offender YES NO in serious physical injury or prescribed in section 13-First-degree murder YES NO involving the discharge, use YES\_\_\_NO\_ t Armed Robbery YES NO or threatening exhibition of a **l** Child prostitution as u Incest YES NO prescribed in section 13deadly weapon or dangerous v Exploitation of minors instrument against a minor 3212 YES\_\_\_ NO\_ YES\_\_\_ NO\_ involving drug offenses under fifteen years of age YES NO m Involving or using minors w Sexual abuse of a c Sexual assault YES\_\_\_NO\_ vulnerable adult YES\_\_\_NO\_ YES NO in drug offenses **d** Molestation of a child YES NO\_ n Continuous sexual abuse of Sexual exploitation of a e Sexual conduct with a minor a child YES\_\_\_NO\_ vulnerable adult YES\_\_\_ NO\_ YES NO o Attempted first-degree f Commercial sexual Commercial sexual exploitation of a minor YES NO murder exploitation of a vulnerable YES NO g Sexual exploitation of a p Any other dangerous crime YES NO YES NO against children as defined **z** Abuse of a vulnerable adult minor YES \_ NO\_ in section 13-604.01 h Child abuse YES\_\_\_NO\_ aa Molestation of a vulnerable NO i Kidnapping NO q Any of the above listed YES adult YES\_\_\_NO\_ j Sexual abuse of a minor offenses if committed as a **bb** Neglect of a vulnerable NO preparatory offense as YES\_\_\_NO\_ adult described in section 13-1001 YES\_\_\_NO\_ I understand that pursuant to ARS § 15-534, any person who makes a false statement, representation or certification in any application for certification is guilty of a misdemeanor offense. I swear or affirm that the foregoing information completed by me, or submitted by me for certification purposes is, to the best of my knowledge, true and correct. Furthermore, should any part or all of the information herein provided prove to be false, I recognize that it shall be just cause for revocation, suspension, or other disciplinary action against any certificate issued to me by the Arizona Department of Education.

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Date